

EXHIBIT E

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: WEINGARTEN, ISRAEL
 Date of Birth: 02/24/1950
 Encounter Date: 02/27/2020 09:13

Sex: M Race: WHITE
 Provider: Sood, Ravi MD

Reg #: 76830-053
 Facility: FTD
 Unit: P01

Chronic Care - Chronic Care Clinic encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Sood, Ravi MD

Chief Complaint: Urinary Problem

Subjective: The patient is 70 years old male. He presents to the chronic care clinic for routine follow up, and renewal of his medications.

He states as follows

He was incarcerated on 10/06/2008. He has been at FCI FTD since 11/24/2034. He anticipates his release in 08/2021.

Medical issues

History as of 14 day evaluation: he has chronic neurogenic bladder, intermittent urinary retention doing self urinary bladder catheterization 4 times/day, recurrent UTI, prostate enlargement for 11 years; High PSA; he had Urologist consultation on 07/06/2017- elevated PSA/decline prostate biopsy, neurogenic bladder, urinary retention, BPH; in the interim: he has CT abdomen and pelvis on 12/12/2017- extensive urinary bladder calculi, diffuse urinary bladder wall thickening suggesting chronic outflow tract obstruction versus cystitis, prostatic enlargement small bilateral fat containing inguinal hernia; he does self urinary bladder catheterization; no dysuria

In the interim: he was seen by the Urologist on 09/27/2018 - high elevated PSA is not a concern to him and he does not desire treatment; retroperitoneal US as of 02/08/2019- large urinary bladder base mass and posterior calcifications, right mid kidney indeterminate lesion, no hydronephrosis; he was followed by the Urologist on 11/07/2019(done well with the regimen, will continue it): his urinary symptomatology persists; no new symptoms or worsening of it; he does urinary bladder self catheterization with no difficult

02/19/2020
 PSA 7.1 H

Pain: Continued on to kidney disease section
 Not Applicable

COMPLAINT 2 **Provider:** Sood, Ravi MD

Chief Complaint: Kidney Disease

Subjective: Continued from the Urinary problem section

Today, his BP is in normotensive range

Hyperlipidemia/ 10 years CV risk as of 02/19/2002 is 12.8%, HDL 49, LDL 61; intolerant to all statin; on Zetia

CKD-3; proteinuria (Urine microAlb/Cr as of 02/19/2020is 91 H)

02/19/2020
 S Cr. 1.49, GFR 47
 BUN 24
 SK WNL

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08/20/2019

S Cr. 1.65, GFR 42

BUN 30

SK WNL

Chronic gout (high Uric acid, history of renal stones, CKD-3, intermittent painful swelling of proximal PIP joints of right hand - presently, in remission); he observes dietary modifications; on renal dose of allopurinol: in the interim: he is not compliant with medication, which he attributes to that it increase uric acid level; he is being apprised of the side effects of allopurinol, but he does not want to take allopurinol

08/20/2019

Uric acid 10.0

11/28/2018

Uric acid 7.9

04/03/2018

High PTH, normal calcium- 9.6

Hypo-vitamin D

Skin lesion upper back - had dermatologist consultation and shave biopsy of this skin lesion on 06/01/2018; pathology result as of 06/01/2018 - pigmented seborrheic keratosis; he was seen by the dermatologist for another itchy skin lesion upper back in midline inter-scapular region, and had biopsy of it on 09/28/2019 - biopsy result as of 09/28/2019: seborrheic keratosis; in the interim: no problems - no evidence of local recurrence

Continued on to other problem section

Pain: Not Applicable**COMPLAINT 3** **Provider:** Sood, Ravi MD**Chief Complaint:** Other Problem**Subjective:** Continued from the urinary problem section

Bilateral inguinal hernias; he had surgery consultation on 05/31/2017- no clinical significant hernia

Low folic acid; B12 as of 04/03/2018 WNL

Chronic numbness both lower extremities - he states he had nerve study in 2015 and was diagnosed with polyneuropathy of lower extremities; I don't see its report on BEMR; he does not know the details of nerve study- unaware of the facility where it was done: in the interim: symptomatology is in remission

Chronic MH or behavioral problems: sex offender; he had no suicidal attempts or MH related ER or hospital admission; presently, his mood, energy, and sleep are okay; he has no thoughts to hurt self or others; he does not ruminate

Had Neurologist consultation on 08/09/2019- mild cognitive impairment, add B12, B6

Chronic intermittent discomfort back of right testis for few years; testicular US as 03/23/2017 - small left hydrocele, no intra-testicular mass or epididymitis, fluid in right inguinal canal - nonspecific - recommended CT pelvis-had MRI of abdomen and pelvis on 05/29/2019

S/P tonsillitis as child hood: post surgery: no problems

Family history: non-contributory/Smoked cigarettes: none

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HIV, HBV, HCV, RPR are negative

Vision problems: wears bifocal glasses; NO: diplopia or glaucoma or sudden vision loss or eye surgery

Sleep apnea: none; Hearing problem: none

PPD test as of 12/05/2019 is negative; he has no symptoms of active TB; he is being apprised of the symptoms of active TB; CXR as of 03/10/2011 is negative

He was offered colonoscopy on 09/17/2019, which he refused for; today, again he refused to undergo colonoscopy

04/27/2018
FOBT negative

Pain: Continued on to general section
Not Applicable

COMPLAINT 4 **Provider:** Sood, Ravi MD

Chief Complaint: GENERAL

Subjective: Continued from the other problem section

Medications; he is non compliant with statins due to intolerance to them; OTC medications: none

Exercise: yes; Watchful of his diet: yes; Weight: 123 LLBS c.f. 121 LBS as of 03/03/2017. He is being counseled for healthy lifestyle changes including weight reduction by cutting back on calories.

His lab work up is reviewed with him

02/19/2020
S Cr. 1.49, GFR 47
BUN 24, S K WNL
CH 180, TG 49, HDL 61, LDL 109
PSA 7.1 H
FT4, TSH WNL
A1C 5.4
HB% , WBC, PLT WNL

03/06/2019
S Cr. LFT WNL
BUN 26
CH 243, TG 91, HDL 48, LDL 177
TSH WNL
A1C 5.6
HB% 15.3, WBC, PLT WNL

11/28/2018
Vitamin D 16.5
Uric acid 7.9
PSA 7.9 H

Pain: Not Applicable

Seen for clinic(s): General, Nephrology, Endocrine/Lipid

Added to clinic(s): Nephrology, Endocrine/Lipid

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OBJECTIVE:**Temperature:**

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
02/27/2020	10:00 FTD	98.4	36.9	Tympanic	Sood, Ravi MD

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
02/27/2020	10:00 FTD	76	Radial	Regular	Sood, Ravi MD

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
02/27/2020	10:00 FTD	16	Sood, Ravi MD

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
02/27/2020	10:00 FTD	106/73	Left Arm	Sitting	Adult-large	Sood, Ravi MD

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
02/27/2020	10:00 FTD	98	Room Air	Sood, Ravi MD

Weight:

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
02/27/2020	10:00 FTD	123.0	55.8		Sood, Ravi MD

ROS Comments

ROS

Constitutional Symptoms

No: Anorexia, Easily Tired, Fever, Night Sweats, Unexplained Weight Loss

Cardiovascular system

No: Chest pain, Shortness of Breath, Orthopnea, Paroxysmal Nocturnal Dyspnea, Palpitation, Syncope, Claudication

Gastrointestinal system

No: Appetite Loss, Constipation, Diarrhea, Dysphagia, Hematemesis, Nausea, Vomiting, Odynophagia, Stools Black, Bleeding per Rectum

Respiratory System

No: Hemoptysis

Psychiatry

No: Mood-Down, Anxious, Panic Attacks, Sleep-Decreased, Energy-Decreased, Appetite-Decreased, Concentration-Decreased, Memory Impaired, Hallucinations-Auditory, Hallucinations-Command, Hallucinations-Visual, Hallucinations-Tactile, Hallucinations-Olfactory, Flashbacks, Suicide/Self-Harm Thoughts, Homicide/Other Harm Thoughts

Endocrine system

Non-contributory

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Exam Comments

Examination:

General: Affect: Pleasant, Cooperative; Appearance; Alert and Oriented x 3

Nutrition: BMI 19.9

Skin: No suspicious skin lesion

Skin Biopsy site: no evidence of recurrence

Head: General: Atraumatic/Normocephalic

Eyes: General: Extraocular Movements Intact; Visual Fields: Normal Fields

Conjunctiva and Sclera: No gross abnormality; Cornea and Lens: cataract

Fundus Exam: retinopathy - limited examination

Face: General: Symmetric

Mouth: Tongue: No Lesion(s); Pharynx: No White Plaques

Neck: General: Supple

Thyroid: No: Nodule

Pulmonary: Auscultation: Clear to Auscultation; No Crackles or Rhonchi

Cardiovascular: Auscultation: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G

Vascular: No: Carotid Bruits, Abdominal Bruits, Jugular Venous Distension

Peripheral Vascular: General: No: Varicosities, Non-Pitting Edema, Pitting Edema

Lymphatics: No Regional Lymphadenopathy

Abdomen: Inspection: No: Stigmata of Liver Disease

Palpation: Soft; No Tenderness on Palpation, No Mass(es) or Hepato-Splenomegaly

Neurologic: CN 2-12 Intact Grossly

Mental Health: Posture: Upright; Grooming/Hygiene; Appropriate Grooming

Affect: Appropriate; Speech/Language: Appropriate; Mood: Appropriate

Thought Process: Goal Directed; Thought Content: Goal Directed; Recent Memory

Appropriate; Remote Memory: Appropriate

Musculoskeletal:

Gait normal

Presented to the clinic walking in no distress using no mechanical support such as cane

Walk on toes and heels normal

ROM full, Neurovascular functions intact in extremities

Feet: Monofilament test is negative

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ASSESSMENT:

Unspecified Neurocognitive Disorder, R41.9 - Current
 Retention of urine, unspecified, 788.20 - Current
 Abnormal finding of blood chemistry, unspecified, R799 - Current
 Abnormal finding of blood chemistry, unspecified, R799 - Current
 Body mass index (BMI) 19 or less, adult, Z681 - Current
 Chronic gout, unspecified, without tophus (tophi), M1A9XX0 - Current
 Disorder of prostate, unspecified, N429 - Current
 Folate deficiency anemia, D529 - Current
 HCV Negative, Z1159-HCV - Current
 Hyperlipidemia, unspecified, E785 - Current
 Hyperparathyroidism, unspecified, E213 - Current
 Negative Test: HIV, Human immunodeficiency virus, Z717 - Current
 Vitamin B12 deficiency anemia, D519 - Current
 Vitamin D deficiency, E559 - Current

PLAN:**Renew Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
473670-FTD	Allopurinol 100 MG Tab	02/27/2020 09:13
<u>Prescriber Order:</u> Take one-half (1/2) tablet (50 MG) by mouth each morning x 180 day(s)		
<u>Indication:</u> Chronic gout, unspecified, without tophus (tophi)		
473671-FTD	Cyanocobalamin (Vit B-12) 1000 MCG Tab	02/27/2020 09:13
<u>Prescriber Order:</u> Take one-half (1/2) tablet (500 MCG) by mouth each day x 180 day(s)		
<u>Indication:</u> Folate deficiency anemia		
473673-FTD	Ezetimibe 10 MG Tab	02/27/2020 09:13
<u>Prescriber Order:</u> Take one tablet (10 MG) by mouth each morning x 180 day(s)		
<u>Indication:</u> Hyperlipidemia, unspecified		
473674-FTD	Finasteride 5 MG TAB	02/27/2020 09:13
<u>Prescriber Order:</u> Take one tablet (5 MG) by mouth each day x 180 day(s)		
<u>Indication:</u> Disorder of prostate, unspecified		
473675-FTD	Folic Acid 1 MG Tab	02/27/2020 09:13
<u>Prescriber Order:</u> Take one tablet (1 MG) by mouth each day x 180 day(s)		
<u>Indication:</u> Folate deficiency anemia		
472580-FTD	Cyanocobalamin (Vit B-12) 1000 MCG Tab	02/27/2020 09:13
<u>Prescriber Order:</u> Take one-half (1/2) tablet (500 MCG) by mouth each day x 180 day(s)		
<u>Indication:</u> Vitamin D deficiency		

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests - Short List-General-CBC w/diff	One Time	01/25/2021 00:00	Routine
Lab Tests - Short List-General-Lipid Profile			
Lab Tests - Short List-General-TSH			
Lab Tests - Short List-General-Hemoglobin A1C			

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Lab Tests - Short List-General-T4, Free

Lab Tests-U-Uric Acid

Lab Tests-V-Vitamin D, 25-Hydroxy

Lab Tests - Short List-General-Microalbumin &

Creatinine, Urine Random

Lab Tests - Short List-General-Comprehensive

Metabolic Profile (CMP)

Lab Tests - Short List-General-CBC w/diff One Time 07/01/2020 00:00 Routine

Lab Tests-P-PSA, Free

Lab Tests - Short List-General-Hemoglobin A1C

Lab Tests-P-PSA, Total

Lab Tests-U-Uric Acid

Lab Tests-V-Vitamin D, 25-Hydroxy

Lab Tests - Short List-General-Comprehensive

Metabolic Profile (CMP)

Lab Tests-P-Parathyroid Hormone Intact (PTH)

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Rheumatology	04/21/2020	04/21/2020	Routine	No	

Subtype:

Initial Eval

Reason for Request:

The patient is 70 years old male

Chronic gout (high Uric acid, history of renal stones, CKD-3, intermittent painful swelling of proximal PIP joints of right hand - presently, in remission); he observes dietary modifications; on renal dose of allopurinol: in the interim: he is not compliant with medication, which he attributes to that it increase uric acid level; he is being apprised of the side effects of allopurinol, but he does not want to take allopurinol

08/20/2019

Uric acid 10.0

11/28/2018

Uric acid 7.9

04/03/2018

High PTH, normal calcium- 9.6

Hypo-vitamin D

CKD-3; proteinuria (Urine microAlb/Cr as of 02/19/2020 is 91 H)

02/19/2020

S Cr. 1.49, GFR 47

BUN 24

SK WNL

08/20/2019

S Cr. 1.65, GFR 42

BUN 30

SK WNL

Provisional Diagnosis:

Chronic gout

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New Non-Medication Orders:

<u>Order</u>	<u>Frequency</u>	<u>Duration</u>	<u>Details</u>	<u>Ordered By</u>
Fecal Occult Blood	One Time		Start on 03/16/2020	Sood, Ravi MD
	Order Date:	02/27/2020		
Fecal Occult Blood	One Time		start on 01/25/2021	Sood, Ravi MD
	Order Date:	02/27/2020		

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Follow-up	07/20/2020 00:00	Physician 04
Chronic Care Visit	02/12/2021 00:00	Physician 04

Disposition:

Follow-up at Sick Call as Needed
 Return Immediately if Condition Worsens
 Follow-up in 1 Year

Other:

Plan of care
 Care level 2
 Non compliant with statin, and allopurinol- does not want to take it as he feels it increases uric acid level
 High PSA/chronic neurogenic bladder; decline prostate biopsy; CT abdomen x 12/12/2017- extensive urinary bladder calculi, diffuse urinary bladder wall thickening suggesting chronic outflow tract obstruction versus cystitis, prostatic enlargement small bilateral fat containing inguinal hernia; last Urologist consultation on 11/07/2019: continue current treatment
 CKD-3; proteinuria: plenty of fluids, restrict sodium/sugar intake: clinical and laboratory monitoring
 Hyperlipidemia; intolerant to statins, bile sequestrants: healthy lifestyle zetia to continue
 Gout - history of pain /swelling PIP joints; high Uric acid/no skin tophi; CKD -3, history of renal stones; x-ray both hands as of 08/15/2018- OA; does not want to take allopurinol: follow up with rheumatologist, dietary modifications
 Hypo-Vitamin D: sun exposure, dietary modifications,
 S/P biopsy of skin lesion- seborrheic keratosis: it is in remission
 Bilateral small reducible inguinal hernias; activity restriction, scrotal support
 Chronic numbness both lower extremities: feet care
 Folate deficiency anemia: Folate to continue
 Chronic MH or behavioral problems: sex offender: referred to psychology for CBT
 Mild cognitive impairment as per Neurologist consultation: PO B12 to continue 08/09/2019
 S/P tonsillectomy as child hood: post surgery: no problems
 Suspicious skin lesions- biopsy seborrheic keratitis: follow up with dermatologist
 Family history: non-contributory/Smoked cigarettes: none
 HIV, HCV, HBV, RPR negative
 Vision problems: follow up with optometrist
 Sleep apnea: none; Hearing problem: none
 PPD test as of 12/05/2019 is negative; CXR as of 03/10/2011 is negative
 Healthy lifestyle changes (regular exercise, dietary modifications: restrict calories, saturated fat, sugar/sodium, and simple carbohydrates intake)
 Mindful awareness or meditation
 Yoga
 Follow up lab work up

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
02/27/2020	Counseling	Access to Care	Sood, Ravi	Verbalizes Understanding

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Date Initiated **Format****Handout/Topic****Provider****Outcome**

He is being counseled for dietary modifications (restrict simple carbohydrate, calories, saturated fat, and sodium/sugar); exercise (150 minutes of moderate exercise per week); medications side effects; safety and injury prevention; preventive health; compliance of treatment. Also, plan of care is being discussed. He verbalizes understanding

Copay Required: No**Cosign Required:** No**Telephone/Verbal Order:** No

Completed by Sood, Ravi MD on 02/27/2020 12:07